



Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, Virginia 23219

www.dmas.virginia.gov

MEDICAID MEMO

TO: All Treatment Foster Care Case Management Providers
Participating in the Virginia Medical Assistance Program and
Managed Care Organizations providing services to Virginia
Medicaid Recipients

FROM: Patrick W. Finnerty, Director
Department of Medical Assistance Services (DMAS)

MEMO Special

DATE 06/02/2006

SUBJECT: Changes to the Preauthorization of Treatment Foster Care Case Management
and changes to the Psychiatric Services Manual

The purpose of this memorandum is to provide information regarding changes to the pre-authorization (PA) process for Treatment Foster Care Case Management and to provide an explanation of the resulting updates to the Psychiatric Services Manual. In addition, several other changes are being made to bring the Manual up to date. Effective June 19, 2006, KePRO, DMAS' new PA Contractor, will accept PA requests for Treatment Foster Care (TFC) Case Management.

Specific information regarding all other psychiatric services, including outpatient psychiatric services, psychiatric residential treatment (Level C) and inpatient acute psychiatric services will be covered in separate memoranda. The outpatient psychiatric services and inpatient psychiatric services updates have already been posted.

KePRO IS THE NEW DMAS PA CONTRACTOR

As indicated in the March, 20, 2006 Medicaid Memorandum, DMAS has contracted with KePRO, an innovative healthcare management solution company, to conduct PA for Medicaid, Family Access to Medical Insurance Security (FAMIS) and FAMIS Plus clients in the fee-for-service programs. KePRO was awarded the PA contract through the competitive bidding process based upon their ability to implement interactive web-based technology (iExchange) and to move the PA submission process from a primarily fax and paper-based process to a speedier, provider-friendly paperless process that the Department believes will reduce providers' administrative burden. KePRO will also maintain a process for providers who prefer to use a traditional paper based system, *i.e.* fax, mail, or telephone. As a result of the new contract, DMAS will be implementing changes to its PA procedures.

CHANGES RELATED TO TFC

WVMI will continue to process all pre-authorizations, appeals, and pended cases with date of receipt up to and including, June 18, 2006. Effective on and after June 19, 2006, KePRO will accept PA requests for treatment foster care case management using DMAS criteria.

Training will be provided by KePRO regarding their PA process via webcasts on June 15, 2006. If you are interested in participating in the Treatment Foster Care Case Management WebEx training, please send an e-mail to: PAUR06@dmass.virginia.gov . Instructions will be sent to you prior to the training.

KePRO's hours of operation are from 8:00 a.m. to 7:00 p.m., Monday through Friday, EST (except on some state holidays). Information about PA is identified in the *Psychiatric Services Manual* and will also be available on the KePRO website in their Reference Manual. A fax form for review submission will be available on the KePRO and DMAS websites. The fax form and Reference Manual are forthcoming.

KePRO CONTACT INFORMATION

KePRO will accept requests for PA via iExchange (direct data entry through the web), fax, mail, or phone. The preferred method for requesting PA for Treatment Foster Care Case Management is through iExchange.

To submit requests via iExchange, log on to DMAS.KePRO.org and register for a provider web account. You must have a provider web account before submitting information through iExchange. To register for a web account, you must know your Medicaid provider number and tax identification number.

To submit requests via phone, fax, or mail you may submit your requests to:

KePRO

Toll Free Phone: 1-888-VAPAUTH (1-888-827-2884)

Local Phone: (804) 622-8900

Fax: 1-877-OKBYFAX (1-877-652-9329)

2810 N. Parham Road, Suite 305

Richmond, VA 23294

CHANGES TO THE PSYCHIATRIC SERVICES MANUAL

The attached table shows the changes to the manual. Please download and insert the new pages in your manual and retain the attached table. The changes described in this Memorandum are effective **June 19, 2006**. Please review these changes carefully. These changes provide for the following:

Chapter II:

- Clarification of provider qualifications for psychiatric services and the need for dated signatures for psychotherapy documentation.
- Clarification on the attestation requirements for psychiatric residential treatment providers.
- Clarification of the provider enrollment process for out-of-state psychiatric service providers.
- Clarification of the reporting requirement for serious incidents for children in Residential Treatment (Level C).

Chapter IV:

- Information regarding prior authorization requirements that have been removed from Chapter IV; in addition, a new Appendix C that has been added to this Manual to address prior authorization services, limits, and the new PA vendor, including EPSDT.
- For inpatient acute psychiatric hospital and residential treatment, clarification for the need for a co-occurring mental illness for alcohol or drug abuse treatment, and clarification of the provider qualifications for required psychotherapy.
- Information that describes the change in the type and frequency of therapeutic interventions requirements for inpatient acute psychiatric hospitals.
- Clarification of the active treatment plan requirements and non-reimbursable services for residential treatment.
- Clarification regarding the place of services and documentation requirements for outpatient psychiatric services.

Chapter V:

- Clarification of the billing requirements for residential treatment and provider qualifications for billing of professional psychiatric services.

Chapter VI:

- Clarification of the notification process for inpatient and residential psychiatric utilization review audits.
- Clarification of the utilization review and appeal process for treatment foster care case management services.
- Clarification on the on-site review process, documentation requirements and appeals process for outpatient psychiatric services audits.
- Clarification on the need for dated signatures for all medical documentation.

In addition, this update provides for a new Appendix C addressing the changes to the prior authorization of psychiatric services and EPSDT.

ELIGIBILITY AND CLAIMS STATUS INFORMATION

DMAS offers a web-based Internet option (ARS) to access information regarding Medicaid or FAMIS eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

“HELPLINE”

KePRO can be reached at 1-888-VAPAUTH (1-888-827-2884) to answer your questions regarding prior authorizations. Submit requests or questions via phone, fax, or mail to:

KePRO

Toll Free Phone: 1-888-VAPAUTH (1-888-827-2884)

Local Phone: (804) 622-8900

Fax: 1-877-OKBYFAX (1-877-652-9329)

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COPIES OF MANUALS

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at www.dmas.virginia.gov. Refer to the “DMAS Content Menu” column on the left-hand side of the DMAS web page for the “Provider Services” link, which takes you to the “Manuals, Memos and Communications” link. This link opens up a page that contains all of the various communications to providers, including Provider Manuals and Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a manual, you can order it by contacting Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates requested.

PROVIDER E-NEWSLETTER SIGN-UP

DMAS is pleased to inform providers about the creation of a new Provider E-Newsletter. The intent of this electronic newsletter is to inform, communicate, and share important program information with providers. Covered topics will include changes in claims processing, common problems with billing, new programs or changes in existing programs, and other information that may directly affect providers. If you would like to receive the electronic newsletter, please sign up at www.dmas.virginia.gov/pr-provider_newletter.asp.

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Please note that the Provider E-Newsletter is not intended to take the place of Medicaid Memos, Medicaid Provider Manuals, or any other official correspondence from DMAS.

PSYCHIATRIC SERVICES MANUAL

REVISION CHART

June 2, 2006

SUMMARY OF REVISIONS

MANUAL SECTION	MATERIAL REVISED	NEW PAGE NUMBER(S)	REVISED PAGE(S)	REVISION DATE
Chapter 2	Chapter 2		Chapter 2	05/22/2006
Chapter 4	Chapter 4		Chapter 4	05/22/2006
Chapter 5	Chapter 5		Chapter 5	05/22/2006
Chapter 6	Chapter 6		Chapter 6	05/22/2006
New Prior Authorization Information Appendix C	New Appendix C		New Prior Authorization Information Appendix C	05/22/2006
Table of Contents	Table of Contents		Table of Contents	05/22/2006

FILING INSTRUCTIONS

MANUAL SECTION	DISCARD	INSERT	OTHER INSTRUCTIONS
Chapter 2	Old Chapter 2	New Chapter 2	
Chapter 4	Old Chapter 4	New Chapter 4	
Chapter 5	Old Chapter 5	New Chapter 5	
Chapter 6	Old Chapter 6	New Chapter 6	
New Prior Authorization Information Appendix C	N/A	New Prior Authorization Information Appendix C	
Table of Contents	Old Table of Contents	New Table of Contents	